

# CITY OF ST. CHARLES

TWO EAST MAIN STREET  
ST. CHARLES, ILLINOIS 60174-1984



DEPARTMENT: MAYOR'S OFFICE

PHONE: (630) 377-4445

FAX: (630) 377-4440

## Application to Tow for the City of St. Charles • This is Not a Contract Return this application to the Mayor's Office

Name of Business \_\_\_\_\_

Address of Business \_\_\_\_\_

Applicant is:      ☐ Individual                      ☐ Partnership                      ☐ Corporation

List Applicant(s)      Name                      Address                      Phone                      Date of Birth

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If Applicant is a Corporation, list names, addresses, offices held and date of birth for all officers and directors

Name                      Address                      Office                      Date of Birth

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of years business has been established in the City of St. Charles \_\_\_\_\_

Has Applicant (if partnership, any members thereof; or a corporation, the president or secretary thereof) ever been convicted of a felony? \_\_\_\_\_. If Yes, attach explanation to this Application.

Has Applicant submitted any prior application to tow for the City that has been revoked or suspended? \_\_\_\_\_

If Yes, attach explanation to this Application.

Does Applicant tow for any governmental agency in DuPage/Kane County?

If Yes, list governmental agencies and years of participation. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State the business activities of this firm aside from participation in police towing activities. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List the following for all attendants and drivers who will conduct the police towing service.

Name                      Address                      Yrs. employed w/firm                      Training received                      Police Towing Experience

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\_\_\_\_\_